

NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150 2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110 www.nscb.nv.gov

REFERENCE CERTIFICATE

demonstrated a level of knowledge and skill expected qualified to perform, without supervision, work in the cl	ge of this individual's experience, and be able to certify that he or she has of a journeyman or better. Journeyman is defined as a person who is fully lassification for which he or she is applying, or has successfully completed a prenticeship council, or an equivalent program accepted by the Board. All
I certify that I have personally known	, and that I have direct knowledge of
his / her experience that I have listed below	vidual you are completing reference for)
JOURNEYMAN OR BETT	ORK PERFORMED BY THIS INDIVIDUAL AT THE LEVEL OF TER. LIST SPECIFIC TRADES AND DUTIES. SE TYPE OR PRINT IN INK
The above-stated work was performed from/ _	/to//
☐ Full-time ☐ Part-time (If part-time specify ag	gregate total yrs mos.)
Check the box that identifies the level that this individual	worked at while performing the trade(s) or craft(s) listed above.
☐ Journeyman ☐ Foreman ☐ Supervisor ☐	2 Contractor
Check the box that identifies your business relationship	to this individual, at the time the experience was gained by them.
☐ Employer ☐ Union Representative ☐ Buildir☐ Supervisor ☐ Other, specify re	ng Inspector Engineer Architect Contractor elationship
IMPORTANT: You may be requested to provide docum is suggested that you keep a copy of the certificate(s) you	entation to verify all experience to which you are attesting. For your records, it but have completed.
I certify under penalty of perjury to the truth and acc	uracy of the statements and information contained herein.
(Signature of the Certifier)	Number: State: (If you are a licensed/registered contractor, enter your license/registration number and state)
(Print name)	(Company or business you are affiliated with)
(Address – City – State – Zip)	
()	()
(Daytime Telephone Number)	(Fax Number) (Email)
This Certificate Must be Notarized Subscribed and sworn to before me this day of,	
Notary Public in and for County of State of	